

TO: PROCEED IN HABEAS CORPUS PETITION UNDER 28 U.S.C.

§§§ 2254

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

FILED

AUG 11 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWAREUNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

MR. JEFFERY ALONZO SIMMS #198625

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 05 - 593

I, MR. JEFFERY ALONZO SIMMS #198625

declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ YES ☐ No (If "No" go to Question 2)
If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD SY SMYRNA DELAWARE
#198625 1997
Inmate Identification Number (Required):

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ NO
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.
b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

JUNE 28 1979

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|--------|
| a. Business, profession or other self-employment | • • Yes | • • No |
| b. Rent payments, interest or dividends | • • Yes | • • No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No |
| d. Disability or workers compensation payments | • • Yes | • • No |
| e. Gifts or inheritances | • • Yes | • • No |
| f. Any other sources | • • Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts? •• Yes •• No ☒

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? •• Yes •• No ☒

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

Aug 10 5/9/2005
DATE

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.